(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL078096 05/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2133 PRESTON ROAD **B & B ASSISTED LIVING #5** MAXTON, NC 28364 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on May 27, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents on June 6, 2002. Based on this we are requiring the home to be in compliance with the 1992 and the applicable portions of the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, the 1967 North Carolina Uniform Residential Building Code, and, the 1996 (1999 Revision) North Carolina State Building Code - Section 419.2 -Residential Care Homes. Deficiencies were noted which will require a new plan of correction. C 101 Existing Licensed-No Less than '71 Rules C 101 SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
	FCL078096		B. WING		05/27/2015		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
B & B AS	SSISTED LIVING # 5		STON ROAD				
0(0) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	NC 28364	PROVIDER'S PLAN OF CORRECTION	DN.	()(5)	
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C 101	Continued From pa	ge 1	C 101				
		vation, the facility was not e manner by not having guard					
	Findings include: a) The side Exit ste	eps have only one guard rail					
	b) The back Exit st	eps have only one guard rail.					
C 112	Construction-Res. A	Areas Same Floor Level	C 112				
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted.						
	was not maintained floors that are not o inadequate ramps.	et as evidenced by: vation, egress from all areas in a safe manner by having n the same level, and This would affect the owing safe egress in an					
	inadequate in the form kitchen to Livin yet rises about 5 incommon kitchen to corrupt it rises about 4 in The corridor bathro	the uneven floors are ollowing locations: a) Ramping Room.is barely a foot long, ches to the kitchen. b) Rampidor is aboout 6 inches long, niches and has no handrails, om floor drops 3 inches at the yet no ramp or handrails are					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	MULTIPLE CONSTRUCTION (X3) DATE COMP		SURVEY LETED
	FCL078096		B. WING		05/27/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
B & B AS	SSISTED LIVING # 5		STON ROAD NC 28364			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 112	Continued From pa	ge 2	C 112			
	This is not in conformance with the requirement that all ramps be constructed to 1 foot in length for every inch of rise.					
C 129	Bedrooms-Not Mor	e Than Two Residents	C 129			
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (e) The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Facility Services for that particular bedroom. (f) A bedroom shall not be occupied by more than two residents.					
		vation, the facility was not e manner by having more than				
	three beds set up ir front center bedroo residents, has beer used for storage, c)	s were noted: a) There are the far right bedroom, b) The m, originally set up for two a vacated and is now being a Though the house is licensed are only facilities set up for				
C 142	Corridor-Night Ligh	ts	C 142			
		et as evidenced by: vation, the building Exit t maintained in a safe manner.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3)			(X3) DATE SURVEY COMPLETED	
	FCL078096		B. WING		05/27/2015		
NAME OF F				STATE, ZIP CODE	1 00/2		
	SSISTED LIVING # 5	2133 PRE	STON ROAD				
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C 142	Continued From pa	ge 3	C 142				
		I residents by not having on to egress the building in an					
	Findings include: The corridor has no illumination.	night lights to provide					
C 168	Fire Extinguishers		C 168				
	DISASTER PLAN (a) Fire extinguish meet these minimu care home: (1) one five pound type centrally located (2) one five pound type located in the king poun	ers shall be provided which m requirements in a family or larger (net charge) "A-B-C" ed; or larger "A-B-C" or CO/2 kitchen; and ion as determined by the code					
	protection equipme safe manner. This	vation, the building fire nt was not maintained in a would affect all residents by ection equipment operable for					
		on the fire extinguishers and monthly checks are not PPA 10					
C 169	Fire Safety-Smoke	Detectors	C 169				
	SECTION .0300 - T 10A NCAC 13G .03	THE BUILDING 16 FIRE SAFETY AND					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		FCL078096	B. WING		05/27/2015	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/2	.,
B&BAS	SISTED LIVING # 5		STON ROAD)		
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C 169	Continued From pa	ge 4	C 169			
	DISASTER PLAN (b) The building street detectors as require Building Code and connected to a ded located in the attic a detectors shall be in provided with batter Note: Smoke detectinterconnected by the Rule permits the	nall be provided with smoke ed by the North Carolina State U.L. listed heat detectors icated sounding device and basement. These interconnected and be				
	protection equipme accordance with the Building Code in effinitially licensed. The by not detecting sm and directing resident Findings include:	vation, the building fire nt was not installed in the Licensure Rules and fect when the facility was nis would affect all residents toke, activating the fire alarm, tents from the building. The sin the bedrooms are not				
C 174	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition	and all fire safety, electrical, umbing equipment in a family maintained in a safe and	C 174			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01				
		FCL078096	B. WING	<u></u>	05/2	7/2015	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
B & B A	SSISTED LIVING # 5		STON ROAD NC 28364)			
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C 174	Continued From pa	ge 5	C 174				
	equipment was not the Licensure Rules when the facility wa affect all residents thazard. Findings include: a. One of the outlet.	et as evidenced by: vation, the building electrical installed in accordance with s and Building Codes in effect s initially licensed. This would by exposure to a shock s to the left of the stove, countertop is not GFCI					
	2. Based on observation, the building mechanical exhaust equipment was not maintained operating in accordance with the Licensure Rules and Building Code in effect when the facility was initially licensed. This would affect all residents by not providing removal of exhaust.						
	Findings include: a. There is a damage left side of the hous	ged back draft damper on the e.					
	was not maintained bedroom windows t	vation, egress from all areas in a safe manner by having hat will not remain open or are buld affect the residents by not in an emergency.					
	Findings include: The windows are st in Bedroom 6.	uck shut or will not stay open					
	maintained in a safe did not close compl contain smoke and	vation, the facility was not e manner by having doors that etely and latch in order to fire. This could affect all ntaining smoke or fire in the					

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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
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C 174	Continued From pa	ge 6	C 174			
	fire compartment or	r room of origin.				
	Findings include: The right end bedroom door won't close and latch.					
	5. Based on observation, the facility was not maintained in a safe manner by having damaged exterior vinyl siding. This could affect all residents by allowing moisture to deterriorate the wood siding.					
	Findings include: The exterior vinyl siding is damaged in the following locations: a) Right end of the house, b) Back side of the house.					
	6. Based on observation, the facility was not maintained in a safe manner by having nails backing out on exterior ramp. This could affect all residents by exposing them to a trip and cut hazard.					
	Findings include: The exterior ramp has presenting a trip an	nas nails backing out d cut hazard.				
C 177	Building Service Eq	uipment-Hot Water	C 177			
	EQUIPMENT (d) The hot water provide an adequat kitchen, bathrooms temperature at all fi be maintained at a	tank shall be of such size to be supply of hot water to the and laundry. The hot water extures used by residents shall minimum of 100 degrees Followshall not exceed 116 degrees				

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C 177	Continued From pa	ge 7	C 177				
	(j) This Rule shall family care homes.	apply to new and existing					
	This Rule is not med 1. Based on observations and mail accordance with the Building Code in effinitially licensed. The by not protecting the Findings include:						

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